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daily use of distilled water is, after middle life, one of the most important means of preventing secretions and the derangement of health. As to diluted phosphoric acid, it is one of the most powerful influences known to science for shielding the human system from the inconveniences of old age. Daily use of it mixed with distilled water helps to retard the approach of senility. By its affinity for oxygen the fibrinous and gelatinous deposits previously alluded to are checked, and their expulsion from the system hastened. Waste of the tissues is believed to be preventable also by the use of hypophosphites.

Hence, to sum up: The most rational modes of keeping physical decay or deterioration at bay, and thus retarding the approach of old age, are avoiding all foods rich in the earth salts, using much fruit, especially juicy, uncooked apples, and by taking *daily* two or three tumblerfuls of distilled water with about ten or fifteen drops of diluted phosphoric acid in each glassful.

As some objector may say, "I would not take all this minute and daily trouble to live 200 years—better a short life and a merry one." I will only answer, Take your choice.

WILLIAM KINNAR.

#### INEBRIETY FROM A MEDICAL STANDPOINT.

PROMINENT among the grave social problems of to-day is the growth of the disease, Inebriety. Public interest in the subject has been shown for years by the many Temperance Reform organizations, and more recently by the formation of a political party whose primary idea is the suppression of intemperance by legislative enactment. It must be admitted that thus far these movements have been more or less failures. The reason for these failures is obvious. The inebriate has been regarded as an example of moral depravity, and the efforts to reform him have been in the line of appeals to his better nature. These waves of public sentiment served to produce an emotional crisis among inebriates. Names on pledge lists swelled to magnificent proportions. Hope waxed high, only to wane when it was found that the majority of these penitents had fallen into a worse condition than ever. This is the natural result of any method which appeals only to the emotional nature of the man, and fails to relieve his physical sufferings.

During the past few years the attention of the public has been drawn in another direction. Shrewd advertisers have assured the public that a panacea has been discovered almost equalling in potency the Elixir Vitæ. The inebriate was infused with new life and new aspirations, and he was assured that it would be impossible for him to recontract the habit.

Sufficient time has elapsed to allow us to judge of the merits and disadvantages of these systems. Many have been reformed indeed; but many not only have not been relieved, but have soon after taking the treatment become suicides or lunatics. Eleven cases reported by the *Medical Record* as inmates of one insane hospital, following this treatment, are too many to be explained by coincidence, or predisposition to insanity induced by alcohol.

Inebriates may be divided into three general classes.

1. The steady drinker, seldom or never becoming intoxicated.

2. The outgrowth of Class 1, associated with periods of intoxication. An effort to reform is made, but the physical deterioration so weakens the will that frequent excesses occur. These conditions become worse, and the

debauches more frequent and more prolonged. A general breaking down of the whole system follows, and the victim dies directly from chronic alcohol poisoning, or ends his days in a mad-house.

3. The true periodical or dipsomaniac forms a separate type, in which the law of heredity is strikingly illustrated. A study of family history usually reveals in the ancestry either chronic alcoholism or some grave form of nerve disease. A congenital weakness of the nervous system in the offspring results. Once the desire for alcohol or other narcotic becomes developed, the effect is overpowering.

The action of alcohol on the system is that of a narcotic poison, capable of producing death, with symptoms of brain congestion and coma so closely simulating apoplexy that there is hardly a hospital in the country which does not contain records of cases in which the correct diagnosis was made only on the post-mortem table.

The immediate effect of a moderate amount of alcohol is a feeling of increased vigor. Ideas are increased in quickness, but lose in concentration. The system soon demands the stimulant more frequently. Abstinence is followed by suffering. The hand loses its steadiness, the brain its clearness. Insomnia adds to the drain on nervous forces, and the patient instinctively resorts for relief to the poison which is the direct cause of his condition. In time these symptoms become intensified, and evidences of chronic degenerations manifest themselves. Scarcely an organ in the body is exempt. Alcohol in the stomach retards digestion by paralyzing terminal nerves and by a chemical action on the pepsin of the gastric juice, produces changes in the secretions of the liver, and vitiates the processes throughout the whole alimentary tract, by causing a perverted action of the sympathetic nervous system. Partially digested food passing from the stomach to the intestines becomes subjected to abnormal fermentations. As a result, poisonous products designated by modern chemists as ptomaines and leucomaines are formed. Elimination is retarded by alcohol; consequently these products are absorbed into the system and an auto-poisoning results. The lungs and skin undertake to assist in relieving the system of effete material, as shown by the peculiarly disagreeable odor of breath and perspiration persisting for days after cessation from the use of alcohol. These patients will be found to suffer from chronic catarrh of most of the mucous membranes, notably the stomach, and chronic liver and kidney changes leading to cirrhosis and Bright's Disease. Degeneration and resultant weakening of the walls of blood vessels predispose to rupture (usually in the brain), producing apoplexy.

A few words as to the reasons of failure in the so-called "Gold Cures" may not be amiss. The attempt has evidently been made to supplant by another narcotic action the narcotic effect of the alcohol to which the patient has been accustomed. By this substitution it was hoped that the craving for stimulants might be destroyed. Symptoms described by the subjects of two of the most prominent "Cures" are almost identical. The parched mouth and throat, impaired vision from dilatation of the pupil, confusion of ideas, loss of memory, with the depression and suffering of the first few days while under the full effect of the drugs, show plainly to the physician that the train of symptoms is due to the action of an alkaloid derived from one of the more powerful vegetable narcotics. The system most widely known in this country has received the unqualified condemnation of the Society for the Study of Inebriety in London.

The fatal mistakes in these cures have been of various natures. The first mistake is made by attempting to cure a chronic disease by the use of narcotic remedies and by the substitution method. The second is in putting a secret remedy into the hands of physicians who are ignorant of the formula they are using, and who are hired only because the law requires that the treatment shall be administered by a graduate in medicine.

The third mistake is in the indiscriminate selection of patients. Many apply for relief who are, in addition to inebriety, suffering from grave forms of organic disease. They are not fit subjects for such treatment until these troubles shall have received proper attention, except such cases as can receive appropriate treatment in addition to that suitable for the cure of the alcoholic disease. The number of patients becoming insane so soon after leaving these "Cures" is to be explained by this indiscriminate selection of cases. The writer has personally known of patients showing positive symptoms of general paresis who have applied for treatment for inebriety. To accept such cases is to invite disaster. In order to adopt a line of office treatment which shall be at all successful, it is necessary to bear in mind the fact that certain cases, if curable at all, are only so by prolonged residence in an institution under proper restrictions and in receipt of proper medical care. Under such conditions many otherwise hopeless cases may in time recover.

There remains a larger class, at most times capable of transacting business, and who, while unable to overcome the drink habit unassisted, seek aid to enable them to do so. The question arises: How shall we best treat them? Shall it be by the use of narcotics powerful enough to overbalance an intellect already on the border line of insanity? To answer is to condemn. This plan is illogical, and is undeserving the sanction of any honest medical man. An extensive experience with these cases has shown the writer that, if treated intelligently, on lines governing the physician in the treatment of chronic nervous troubles, satisfactory results may be obtained. The administration of remedies belonging to the tonic and restorative classes is, as a rule, promptly followed on the part of the patient by a voluntary cessation from the use of alcohol. The majority of cases will, if shown that the sudden withdrawal of stimulants does not produce the depression they dread, refrain from alcohol from the beginning of the treatment. With them, the improvement is almost immediate. Appetite is quickly restored, insomnia is replaced by restful sleep, tremor promptly disappears, in emaciated cases gain in weight is rapid, and general improvement in health goes on without interruption.

The writer contends that the physician who has the tact and patience to treat successfully chronic nervous diseases can treat inebriety successfully. The error is too frequently made (in practice, at least) of failing to recognize that we have here a real disease requiring both medicinal treatment and the use of those rarer mental and moral qualities on the part of the physician by which he inspires his patients with perfect confidence and trust.

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